

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/562951  
APPLICANT(S)

FILING DATE

12.23.05

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1/2				
3						
4						
5						
6						
7						
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9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22	1		1			
23		1				
24						
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43						
44						
45						
46						
47						
48						
49	1					
50	1					
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.	←		26	←		←
TOTAL CLAIMS			30			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52	1		1			
53						
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.	←			←		←
TOTAL CLAIMS						